

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Ako Abdul-Samad

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Ako Abdul-Samad

Political Party (if applicable)
Democrat

Office Sought

State Representative

District (if Senate or House)
66

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1604
WRS
Created by auditor
to adjust balances to
reflect prior amendments

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A _____ REPORT FOR (1) ELECTION/(2) NON-ELECTION YEAR.
(report date) Indicate by # ☐

☒ CHECK IF AMENDMENT TO REPORT DATED January 21, 2008

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$ 2,732.01

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5,475.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2,431.71

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$

5,775.30

****UNPAID BILLS** (From Schedule D - Attach Schedule D).....\$

0.00

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E).....\$

1,525.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F).....\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization) Citizens for Ato Abdul-Samad h.d.

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name Ato Abdul-Samad Political Party (if applicable) Democrat

Office Sought State Representative District (if Senate or House) 66

FORM
DR-2
(Rev. 12/2005)

DISCLOSURE
REPORT

For Office Use Only

Comm. # 1604

Logged in ✓

Scanned ✓

Computer WRS

Audited 325-08

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-3701

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A January 19, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 2☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) 3206.68 413,258.01 \$

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....

Schedule F: Loans Received total (Attach Schedule F).....

Schedule H: Total Sales of Campaign Property (Attach Schedule H).....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....

Schedule F: Loan Repayments total (Attach Schedule F).....

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....\$

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Rese

SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Abo Abdul-Samad

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
06/01/07	ID# C00199703 CK# 13208	The GlaxoSmithKline PAC Five Moore Dr. Research Triangle Park, NC 27709		\$ 250.00	<input type="checkbox"/>
08/14/07	ID# CK#	David L. Carden		500.00	<input type="checkbox"/>
08/24/07	ID# 6070 CK# 3538	Iowa Law PAC 521 East Locust St., 3rd Fl. Des Moines, IA 50309		100.00	<input type="checkbox"/>
"	ID# 6099 CK# 1121	Meredith Corporation Employees Fund For Better Government 1716 Locust St Des Moines, IA 50309		100.00	<input type="checkbox"/>
09/06/07	ID# 6058 CK# 4076	Iowa Chiropractic Society PAC 1605 N. Atterbury Blvd., Ste. 100 Atterbury, IA 50023		100.00	<input type="checkbox"/>
09/07/07	ID# 8140 CK# 4837	Pfizer PAC 235 E. 42nd St. NY, NY 10017		200.00	<input type="checkbox"/>
09/06/07	ID# CK#	Andrew Baumert 5068 Coachlight Dr. West Des Moines, IA 50265		25.00	<input type="checkbox"/>
09/06/07	ID# CK# 3496	Central IA Bldg & Construction Trades Council PO Box 2310 Des Moines, IA 50309		200.00	<input type="checkbox"/>
09/06/07	ID# CK#	Theresa Harms-Hassoun 1908 79th St. Windsor Heights, IA 50322		100.00	<input type="checkbox"/>
09/06/07	ID# 6046 CK# 4352	Justice for All PAC 218 6th Ave., Ste. 526 Des Moines, IA 50309		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1675

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE**A**

(Rev. 07/03)

**MONETARY
RECEIPTS**
☐ CHECK THIS BOX IF
AMENDING FORM
COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Ako Abdul-Samad

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
09/18/07	ID# 6077 CK# 1933	Iowa Pharmacy PAC 8515 Douglas, Ste. 16 Des Moines, IA 50322		\$ 250.00	<input type="checkbox"/>
09/21/07	ID# 8087 CK# 2326	Int'l Association of Fire Fighters 1950 New York Ave., NW Washington, DC 20006		1,000.00	<input type="checkbox"/>
10/3/07	ID# 6098 CK# 3508	Iowa Bev PAC 321 E. Walnut, Ste. 30 Des Moines, IA 50309		400.00	<input type="checkbox"/>
11/07/07	ID# 6059 CK# 4140	IA Chiropractic Society PAC 1605 N. Ankeny Blvd., Ste 100 Ankeny, IA 50023		100.00	<input type="checkbox"/>
11/29/07	ID# 6488 CK# 2020	Iowa Providers PAC 7025 Hickman Rd., Ste. 5 Urbandale, IA 50322		250.00	<input type="checkbox"/>
12/03/07	ID# 600199 2034 8242 CK# 13613	The GlaxoSmithKline PAC Five Moore Dr. Research Triangle Park, NC 27709		300.00	<input type="checkbox"/>
12/31/07	ID# 6063 CK# 2171	Iowa Dental Association PAC 5530 West Parkway, Ste. 100 Johnston, IA 50131		1,500.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 3800

TOTAL (if last page of this schedule)

\$ 5475

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Ako Abdul-Samad

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/17/07 01/17/07	ID# CK#	Wells Fargo 666 Walnut St. Des Moines, IA 50301	Bank Fees + Tax	\$2.65
02/15/07	ID# CK#	Wells Fargo 666 Walnut St. Des Moines, IA 50301	Bank Fees + Tax	2.65
03/15/07	ID# CK#	Wells Fargo 666 Walnut St. Des Moines, IA 50301	Bank Fees + Tax	2.65
03/27/07	ID# CK#	Whiyadam Chicago Chicago, IL	Ford	3.31
04/16/07	ID# CK#	Wells Fargo 666 Walnut St. Des Moines, IA 50301	Bank Fees + Tax	2.65
04/28/07	ID# CK#	KBBB 918 Newell St. Waterloo, IA 50703	30th Anniversary Event	90.00
05/01/07	ID# CK#	Mister Car Wash 3333 Merle Hay Rd. Des Moines, IA 50310	Car Wash for parade	20.13
05/01/07	ID# CK#	Mister Car Wash 3333 Merle Hay Rd. Des Moines, IA 50310	Car Wash for parade	20.13
SUB-TOTAL				\$ 144.17
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Ato Abdul-Samad

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05/14/07	ID# CK#	Qwest	phone lines	\$588.70
05/15/07	ID# CK#	Wells Fargo 666 Walnut St. Des Moines, IA 50301	Bank fees + Tax	2.65
06/15/07	ID# CK#	"	"	2.65
07/19/07	ID# CK#	"	"	2.65
08/06/07	ID# CK#	US Postmaster	PO Box Rental	55.00
08/15/07	ID# CK#	Wells Fargo 666 Walnut St. Des Moines, IA 50301	Bank fees + Tax	2.65
08/22/07	ID# CK#	Alliance of Black Telecom Profesion	Back to School Bash	250.00
09/13/07	ID# CK#	United Airlines	airline ticket + online fee	400.81
SUB-TOTAL				\$ 1305.11
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Ato Abdul-Samad

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/14/07	ID# CK#	Carter Printing 1939 E. Grand Ave. Des Moines, IA 50316	Printing - letterhead, cards, envelopes	\$ 229.47
09/18/07	ID# CK#	Wells Fargo 666 Walnut St. Des Moines, IA 50301	Bank fees + Taxes	265
10/01/07	ID# CK#	Greater Des Moines Partnership 700 Locust St., Ste. 100 Des Moines, IA 50309	Partnership Luncheon	20.00
10/01/07	ID# 9098 CK#	Iowa Democratic Party 5661 Fleur Dr. Des Moines, IA 50321	Hall of Fame Dinner	200.00
10/01/07	ID# CK#	"	JJ Dinner	120.00
10/01/07	ID# CK#	Ato Abdul-Samad 1506 18th St. Des Moines, IA 50314	Reimbursement for labor day parade expenses	157.66
10/10/07	ID# CK#	Sisters on Target PO Box 95 Des Moines, IA 50304	SOT Banquet	200.00
10/15/07	ID# CK#	Polk County Democrats 5661 Fleur Dr. Des Moines, IA 50321	Annual Dinner	25.00
SUB-TOTAL				\$ 954.78
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Ato Abdul-Samad

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/16/07	ID# CK#	Wells Fargo 666 Walnut St. Des Moines, IA 50301	Bank fees & Taxes	\$ 2.65
11/05/07	ID# CK#	Friends of IA Civil Rights PO Box 5182 Des Moines, IA 50306	Civil Rights Dinner	25.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 27.65
TOTAL (if last page of this schedule)				\$ 2431.71

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Ato Abdul-Samad

Reset Form

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
08/20/07	House Truman Fund 564 Fleur Dr. Des Moines, IA 50321		invitations & stamps	\$ 25.00	<input checked="" type="checkbox"/>
12/25/07	Phyllis M. Tinker 323 NE 31st St. Amberg, IA 50021		Accounting	1500.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$
1525.00

TOTAL (if last
page of this
schedule)

\$
1525.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)